FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 29 PM 7:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **753323** **(5)**

1. Corporation Name

CHRISTUS VICTOR LUTHERAN CHURCH, INC.

Principal Place of Business	Mailing Address
8812 STATE ROAD 54 P.O. BOX 539 NEW PORT RICHEY FL 34656-7539	8812 STATE ROAD 54 P.O. BOX 539 NEW PORT RICHEY FL 34656-7539

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/11/1980**
3a. Date of Last Report: **08/15/1994**
4. FEI Number: **59-2148778** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WITHROCK, JOHN W. JR. (THE REV.)
4753 WHITE TAIL LANE
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: John W. Withrock Jr. — John W. Withrock, Jr., Pastor — 04-25-1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	T	☒ Change ☐ Addition
NAME	BARTLETT, BEVERLY	1.2 NAME	Bartlett, Beverly	
STREET ADDRESS	3367-E CRYSTAL COURT EAST	1.3 STREET ADDRESS	3367-E Crystal Court East	
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	Palm Harbor FL 34685	
TITLE	VD	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	PERGANDE, HARLAN	2.2 NAME	Pergande, Harlan	
STREET ADDRESS	1339 SAFFRON WAY	2.3 STREET ADDRESS	1339 Saffron Way	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	New Port Richey FL 34655	
TITLE	TD	3.1 TITLE	D	☒ Change ☒ Addition
NAME	NEWBANKS, BEVERLY	3.2 NAME	Nigro, Joan	
STREET ADDRESS	3808 CARRON STREET	3.3 STREET ADDRESS	8648 Knob Hill Court	
CITY-ST-ZIP	NEW PORT RICHEY, FL00000	3.4 CITY-ST-ZIP	New Port Richey FL 34653	
TITLE	FS	4.1 TITLE		☐ Change ☐ Addition
NAME	ROTH, ELWOOD K.	4.2 NAME		
STREET ADDRESS	738 C 518 BOX 250	4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP		
TITLE	RS	5.1 TITLE	D	☒ Change ☒ Addition
NAME	MAKOVEC, BEVERLY	5.2 NAME	Mitchell, August	
STREET ADDRESS	1924 GULFVIEW DR.	5.3 STREET ADDRESS	4624 Sheffield Drive	
CITY-ST-ZIP	HOLIDAY FL	5.4 CITY-ST-ZIP	New Port Richey FL 34655	
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	Hanselman, Marcie	
STREET ADDRESS		6.3 STREET ADDRESS	9113 Nile Drive	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	New Port Richey FL 34655	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harlan Pergande — Harlan Pergande — 04-25-1995 — 813-372-1215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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